Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005934	A. BUILDING _____ B. WING _____	06/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR HOSPICE AND PALLIATIVE CARE INC,	111 SUNNYBROOK CT SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This was the 2012 ISDH Food Protection Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24. Facility Number: 005934 Survey Dates: 06/12/2012 Surveyors: Saundra Nolfi, RN Public Health Nurse Surveyor Quality Review: Joyce Elder, MSN, BSN, RN June 18, 2012 The Center for Hospice and Palliative Care was in compliance with the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24.	S 000		